



**Texas Department of Health**  
**Hospital Bioterrorism**  
**Preparedness**  
**Comprehensive Survey**

**May 15, 2002**



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## INTRODUCTION

The Texas Department of Health is requesting your cooperation and participation in an important survey to assess Texas hospitals' preparedness to respond to a bioterrorism incident. The tragedies of September 11<sup>th</sup> and the subsequent release of biological agents with the potential of causing massive public consequences have left health care providers in the Nation uncertain about their ability to effectively handle such disasters. As a result, the U.S. Health Resources & Services Administration ("HRSA") released \$1.1 billion in state grants to enhance the public health infrastructure's bioterrorism preparedness. These funds are intended to upgrade infectious disease surveillance and investigation, enhance the readiness of hospital systems to deal with large numbers of infected patients, and expand public health laboratory and communications systems capacities.

The Texas Department of Health ("TDH") is participating in this grant program, which is divided into two phases.

In the first phase, the TDH must conduct an assessment of Texas hospitals to determine their level of preparedness for a bioterrorism event. This assessment involves understanding the hospitals' capabilities to:

- Identify the presence of highly pathogenic biological agents in its patient population,
- Treat affected patients and mitigate the threat of dispersion of a bioterrorism agent within the hospital,
- Perform critical roles in the community's response to such an event, and
- Communicate with the public and public officials about the incident,

The Federal program has identified medications and vaccines, personal protection equipment, quarantine and decontamination, communications, education, training, and disaster drills as funding priorities.

To qualify for additional grant monies to assist Texas hospitals to enhance their preparedness and response capabilities, TDH must complete its statewide assessment and submit its plan for training and implementation to HRSA by June 30, 2002. A hospital bioterrorism preparedness program has already been established at the TDH to facilitate this work.

The results of this survey, which is being administered by General Physics Corporation and ZA Consulting on behalf of the TDH, will be used to formulate the State's training and implementation plan. To meet the funding request deadlines imposed by HRSA, survey responses must be received by TDH no later than ***close of business on Friday, June 7, 2002.***

To ensure that the most comprehensive plan is submitted by TDH, it is crucial that the survey be completed in its entirety by all hospitals in the State. A telephone hotline (866-207-9225) is available to answer questions regarding the survey and how to complete it. The survey has been designed so that it can be broken down and distributed to individual departments for completion.

We urge you to complete this survey ***promptly*** to ensure that the needs of your hospital and the community it serves are represented in TDH's training and implementation plan.

We thank you in advance for your cooperation and assistance.

## INSTRUCTIONS

The purpose of this survey is to provide TDH with a statewide assessment of Texas hospitals' level of preparedness in the event of a bioterrorism act. In order to accomplish this, it is critical that the attached survey be completed in its entirety by all hospitals in the State. Please use the following recommended process to ensure timely and accurate results. ***Every effort should be made to complete the survey as early as possible.***

- Identify one individual within the hospital who will be responsible for coordinating the survey efforts.
- We recommend that the survey coordinator log onto the survey website at [www.TDHAssessmentSurvey.com](http://www.TDHAssessmentSurvey.com) to verify the hospital's ID number and contact information. They should also verify that they have an up to date web browser that will support the 128 bit encryption levels required to input the survey results. At the same time, hospital demographic information can be verified on the website and any needed corrections made.
- Upon receipt of the survey, the survey coordinator should distribute either a hard copy or an electronic copy of each section to the appropriate individuals within the hospital. The survey has been designed so that it can be broken down, copied and distributed to individual departments. We suggest that the survey coordinator keep a list of personnel who receive each section of the survey for subsequent follow up.
- All questions within the survey must be answered either yes, no or don't know ("DK") by checking the corresponding box.
- The survey coordinator should follow up with the appropriate persons to ensure that the survey is being completed and collect the responses for all the sections of the survey, verify that answers are present for all questions and check for overall consistency of results. Inconsistencies should be resolved by the survey coordinator prior to submitting the results.
- The survey coordinator should then go to the website [www.TDHAssessmentSurvey.com](http://www.TDHAssessmentSurvey.com) with the ID number for the hospital and submit the survey responses electronically. ***Early responses will be greatly appreciated.***

**Note:** Due to the tight timeframes, we suggest that the survey coordinator require all sections to be completed by the individual departments no later than Wednesday, June 5, 2002. This will allow time for the coordinator to review the answers to verify that all questions have been answered and to identify and resolve any inconsistent responses.

- If an electronic submission using the website is not possible, a copy of the survey results should be faxed to 866-207-9226. If submission via the website or by fax is not possible, help line personnel will also be available to take survey results by telephone at 866-207-9225.

***Survey responses must be received no later than 5:00 pm CDT on Friday, June 7, 2002.***

A telephone hotline is available to answer questions regarding the survey and how to complete it. The hotline number is 866-207-9225. It will be available from 7:00 am CDT until 5:00 pm CDT beginning on May 20, 2002.

## **FREQUENTLY ASKED QUESTIONS**

### **Why should I complete this survey?**

The Texas Department of Health (TDH) requires this information in order to understand the current level of bioterrorism preparedness of Texas hospitals. The information will help TDH to obtain, allocate and distribute Federal grants in 2002 and subsequent years.

### **How will the information be used?**

The information will be used to compile an assessment report on bioterrorism preparedness for all Texas hospitals. The data will be analyzed based on hospital size, type and regional location. No references will be made related to any specific hospital or location. This information will be used by the TDH to perform a detailed gap or needs analysis for increasing the bioterrorism preparedness of Texas hospitals, to budget current funding received and allocate any additional funding in the future.

### **Will my responses be kept confidential?**

All responses will be kept confidential and the index relating specific hospital locations will be deleted from the database upon conclusion of the assessment. The only information provided to the State that may be subject to the Freedom of Information Act will be the responses with respect to the TDH region or Trauma Service Area. All information will be collected on a secure website which will utilize 128 bit encryption technology.

### **Why may I have to upgrade my web browser to enter the survey results on-line?**

The survey responses will be collected electronically using encryption technology to ensure the confidentiality of the survey information. The encryption technology utilizes 128-bit encryption that is the most secure form of encryption generally available in web browsers on the market in North America today. If your browser does not support 128-bit encryption, you will have to download and install the latest versions of Netscape Navigator or Communicator or Microsoft Internet Explorer. If some reason you cannot do so, survey results can be returned via fax.

### **Why doesn't the identification number provided match up to my hospital location?**

An initial problem occurred on the fax transmission notifying hospitals of the impending survey. Each respondent was then notified of the correct ID number for his or her hospital by e-mail. If there is still a problem, please contact the help line by e-mail at TDHSurvey.com or the help line toll free at 866-207-9225 or by fax 866-207-9226.

### **I forgot or lost my ID number and cannot access the website to enter the survey information.**

Please contact the help line by e-mail at TDHSurvey.com or the help line toll free at 866-207-9225 or by fax 866-207-9226. The ID number will be sent to you by e-mail.

**My survey is different from my colleague's survey at another hospital.**

In order to obtain the most comprehensive information available, the TDH has requested two levels of surveys to be performed.

A general survey is being performed using a checklist that can be used to help hospitals develop a bioterrorism preparedness program. This checklist contains all the essential elements of an effective bioterrorism program and is designed to be easily completed more quickly and easily than the comprehensive survey.

A comprehensive survey has been sent to approximately 20% of the hospitals in the state. This survey is intended to identify specific strengths and weaknesses in hospitals' bioterrorism preparedness programs. The information in this survey along with the general survey will facilitate extrapolation of information to the entire state.

**I don't know the answer to a question or who to contact to obtain the answer.**

Some of the information may not be obtainable. This is the reason that check boxes were provided for don't know ("DK") answers.



## HOSPITAL DEMOGRAPHICS

Hospital Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Person Responsible for Completing this Survey: \_\_\_\_\_

Title of Person Responsible for Completing this Survey: \_\_\_\_\_

Telephone Number of Person for Completing this Survey: \_\_\_\_\_

E-mail Address of Person Responsible for Completing this Survey: \_\_\_\_\_

### Hospital Bed Size:

Number of Licensed Beds \_\_\_\_\_ Number of Staffed/Operating Beds: \_\_\_\_\_

### Type of Hospital (*check all that apply*)

- |   |  |
|---|--|
| <input type="checkbox"/> General Medical and Surgical | <input type="checkbox"/> Children's              |
| <input type="checkbox"/> Psychiatric                  | <input type="checkbox"/> Military                |
| <input type="checkbox"/> Rehabilitation               | <input type="checkbox"/> Veterans Administration |
| <input type="checkbox"/> Critical access hospital     | <input type="checkbox"/> Sole community hospital |
| <input type="checkbox"/> Teaching hospital            | <input type="checkbox"/> Rural hospital          |
| <input type="checkbox"/> Community hospital           |  |

### Hospital Components (*check all that apply*)

- |  |   |
|--|---|
| <input type="checkbox"/> Adult day care program                  | <input type="checkbox"/> Outpatient rehabilitation provider |
| <input type="checkbox"/> Ambulatory surgical center              | <input type="checkbox"/> Rural health clinic                |
| <input type="checkbox"/> Hospital-based skilled nursing facility | <input type="checkbox"/> Renal dialysis                     |
| <input type="checkbox"/> Home health agency                      | <input type="checkbox"/> Transplant center                  |
| <input type="checkbox"/> Hospice                                 | <input type="checkbox"/> Air ambulance helicopter service   |

Is your hospital certified as a trauma center? ☐ Yes ☐ No

If your hospital is a certified trauma center, please check the level of certification.

- ☐ Level I    ☐ Level II    ☐ Level III    ☐ Level IV

## GENERAL EMERGENCY PREPAREDNESS

1. Has your hospital conducted a Hazard Vulnerability Analysis (HVA)? ☐ Yes ☐ No ☐ DK  
  
If yes, did it include a section on bioterrorism? ☐ Yes ☐ No ☐ DK  
  
If no, are there plans to conduct an HVA within the three months? ☐ Yes ☐ No ☐ DK
2. Do you have safety protocols within your Emergency Management Plan relating to:  
  
Use of personal protective equipment (PPE) ☐ Yes ☐ No ☐ DK  
Protective measures for biological agents ☐ Yes ☐ No ☐ DK  
Protective measures for radiological agents ☐ Yes ☐ No ☐ DK  
Priority distribution of vaccines and medications to first responders and medical/health care providers ☐ Yes ☐ No ☐ DK  
Protecting health care providers, emergency response workers, and patients from secondary exposure ☐ Yes ☐ No ☐ DK
3. Does the Emergency Management Plan take into consideration the following different levels of activation in case of a possible disaster? ☐ Yes ☐ No ☐ DK  
  
Alert – Disaster possible, increased preparedness  
Stand By – Disaster probable, ready for deployment  
Call – Disaster exists, deployment  
Stand Down – Disaster contained, resume normal operations
4. Does the Emergency Management Plan state under what circumstances the plan will be activated? ☐ Yes ☐ No ☐ DK
5. Is the Emergency Plan evaluated and revised annually? ☐ Yes ☐ No ☐ DK
6. Does the hospital Emergency Management Plan include a section on bioterrorism awareness/response? ☐ Yes ☐ No ☐ DK
7. Do you have a bioterrorism response team distinct from your emergency response team? ☐ Yes ☐ No ☐ DK
8. Does the hospital have a specific bioterrorism event/incident report form? ☐ Yes ☐ No ☐ DK

9. If your hospital has a bioterrorism response plan, is it easily accessible to all employees (e.g., is a copy of the plan available at all work stations)? ☐ Yes ☐ No ☐ DK
10. If your hospital has a bioterrorism response plan, is it easily accessible on the hospital's website or intranet? ☐ Yes ☐ No ☐ DK
11. Who is responsible for Joint Commission on Accreditation of Health Care disaster drill requirements?
- ☐ Director of Safety and Security
  - ☐ Director of Infection Control
  - ☐ Hospital's Chief Operating Officer
  - ☐ Other \_\_\_\_\_
12. Is your hospital designated to receive patients in the National Disaster Management System? ☐ Yes ☐ No ☐ DK
13. Does your hospital participate in the Regional Trauma Advisory Council? ☐ Yes ☐ No ☐ DK
14. Is your hospital part of community, regional, and state incident command planning? ☐ Yes ☐ No ☐ DK
15. Does your local EMS provider participate in the Regional Trauma Advisory Council? ☐ Yes ☐ No ☐ DK
16. Does your local EMS provide/oversee the hazardous material (HAZMAT) response capabilities of the surrounding community? ☐ Yes ☐ No ☐ DK
- If yes, has your local EMS provider been specifically trained to manage biological warfare agents? ☐ Yes ☐ No ☐ DK
- If you answered no to Question 15, does the hospital know whom to contact outside the hospital for HAZMAT issues? ☐ Yes ☐ No ☐ DK
17. Does the hospital know what the average response time is for the HAZMAT team? ☐ Yes ☐ No ☐ DK

## HOSPITAL MANAGEMENT/SECURITY

18. Specifically for biological and chemical incidents, does your hospital's security plan address:

- |   |                              |                             |                             |
|---|------------------------------|-----------------------------|-----------------------------|
| Limiting access to the hospital                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Total hospital lockdown                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Crowd control   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Controlling the media                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Augmentation of the hospital's security force             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Isolating and decontaminating hospital staff and patients | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |

19. Are security personnel trained to observe?

- |  |                              |                             |                             |
|--|------------------------------|-----------------------------|-----------------------------|
| Suspicious packages or suitcases left unattended in the hospital     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Unusual powders and other substances                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Patients looking for drugs to treat themselves in a biological scare | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Reporters and other unauthorized individuals breaching security      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Unauthorized areas   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |

20. Are security personnel trained to respond and notify appropriate personnel regarding:

- |  |                              |                             |                             |
|--|------------------------------|-----------------------------|-----------------------------|
| Suspicious packages or suitcases left unattended in the hospital     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Unusual powders and other substances                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Patients looking for drugs to treat themselves in a biological scare | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Reporters and other unauthorized individuals breaching security      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Unauthorized areas   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |

21. Has your hospital developed a plan that would enable the entire operations, or unaffected segments, to continue during a biological disaster?

☐ Yes ☐ No ☐ DK

For example, if the emergency room is contaminated/dirty, could the hospital's heating, ventilation, and air conditioning systems be shut down for that particular area?

22. Has your hospital developed a plan that identifies when operations could be reestablished following a biological/chemical disaster?

☐ Yes ☐ No ☐ DK

23. Does your hospital have secure, offsite backup capability for its information systems? ☐ Yes ☐ No ☐ DK

24. Does your hospital have high speed Internet access (i.e., other than dial up)? ☐ Yes ☐ No ☐ DK

25. Does your hospital have an emergency communications method in place that is fully redundant with e-mail (e.g., two-way radios, cell phones, voice mail boxes, satellite phones, wireless messaging, etc.)? ☐ Yes ☐ No ☐ DK

If yes, does your hospital routinely test the timeliness and completeness of the alternate emergency communication method of alerting participants? ☐ Yes ☐ No ☐ DK

26. Does your hospital have backup communications capability in the event that telephones, cell phones and radios are overloaded? ☐ Yes ☐ No ☐ DK

If yes, are these communications systems being tested at least annually? ☐ Yes ☐ No ☐ DK

27. Does your hospital have a plan for the transportation of key personnel to their worksite? ☐ Yes ☐ No ☐ DK

28. Does your hospital have provisions for housing key personnel in the event of a significant bioterrorism event? ☐ Yes ☐ No ☐ DK

29. Does your hospital have provisions for housing and feeding visitors in the event of a hospital lockdown? ☐ Yes ☐ No ☐ DK

30. Has your hospital assessed its ability to increase capacity in the event of a mass influx in patient presentation or admissions? ☐ Yes ☐ No ☐ DK

If yes, can your hospital increase capacity for the following services:

Adult medicine beds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Burn unit beds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Intensive Care Unit (ICU) beds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Mortuary space	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Multiple trauma beds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Pediatric beds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Respiratory isolation units	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Respiratory ventilators	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Quarantine areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Decontamination rooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK

31. Does your hospital have the capability for a dedicated phone line for patient inquiries? ☐ Yes ☐ No ☐ DK

32. Are provisions available to handle hazardous waste associated with a bioterrorism event? ☐ Yes ☐ No ☐ DK

33. Have contingency suppliers been identified for:

Ventilators	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
IV pumps and poles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Suction machines	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Beds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Stretchers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Wheelchairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Medical supplies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Linens	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK

## PUBLIC RELATIONS

34. Is there a primary communications team or key spokesperson(s) for mass emergencies and bioterrorism issues? ☐ Yes ☐ No ☐ DK

If yes, are there measures in place to:

- |   |                              |                             |                             |
|---|------------------------------|-----------------------------|-----------------------------|
| Ensure their competency                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Ensure their awareness                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Provide ongoing communications training | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |

35. Does your hospital have media and public affairs protocols specific to a bioterrorist incident? ☐ Yes ☐ No ☐ DK

36. Does the hospital have a skeleton draft or template of a public service response for a bioterrorism incident to be used for?

- |                             |                              |                             |                             |
|-----------------------------|------------------------------|-----------------------------|-----------------------------|
| Government officials        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Nearby hospitals            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Critical hospital personnel | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Local police department     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Local fire department       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Local EMS providers         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Employees                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Area physicians             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Legal counsel               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| The media                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| The community               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |

## ACCESS TO CARE

37. In the event of a threat/emergency, have resources been designated to reduce barriers and meet the requirements for the following special populations' health needs?

Children	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Elderly persons	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Homeless population	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Remote populations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Chronically ill who require access to critical services;	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Those who encounter culture or language barriers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Physically and mentally disabled, including the	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK

38. Has your hospital devised a patient dispersion plan and/or an alternative care site in the event that it cannot support adequate patient care (such as other hospitals, community agencies, churches, schools, etc. that can serve as ancillary areas of care for less acute patients)?

☐ Yes ☐ No ☐ DK

39. Does the hospital have access to logistical assets to transport large numbers of patients to other facilities if your hospital fills to capacity?

☐ Yes ☐ No ☐ DK

40. Has your hospital established procedures to:

Manage and track patients to and from the alternative site(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Transport patients, staff, and equipment to and from the site(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Establish inter-hospital communication between the base and alternative site(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Send patient care teams to provide care at the scene of a biological incident	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK



## PHARMACY

- |  |  |
|--|--|
| 41. Has your hospital assessed its pharmaceutical inventory to determine whether it could support the treatment of mass numbers of patients exposed to biological agents?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| 42. Has your hospital assessed its pharmaceutical inventory to determine whether it could provide prophylaxis for mass numbers of patients who could be potentially exposed to biological agents?    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| 43. Has your hospital identified an emergency pharmaceutical supply system via local pharmacies for pharmaceuticals related to treatment/prophylaxis for biological agents?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| 44. Has your hospital identified an emergency pharmaceutical supply system to ensure quick treatment of employees who may have been potentially exposed to diseases related to a bioterrorism event? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| 45. Has your hospital identified other health care facilities in the area that can provide needed pharmaceuticals?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| 46. Has your hospital identified an emergency pharmaceutical supply system <u>via pharmaceutical vendors</u> related to the prophylaxis and treatment for exposure to biological or chemical agents? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| 47. In the event of limited supplies, does your hospital have protocols for medication distribution scenarios in response to an event?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| 48. If the hospital does have medication distribution protocols, rank order the following scenarios:   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |

**Rank order in terms of precedence for care with 1 being the highest and 6 the lowest**

**Priority**

- |   |       |
|---|-------|
| Prophylaxis of patient family members                 | _____ |
| Treatment of patients with known exposure/no symptoms | _____ |
| Prophylaxis of providers/staff members                | _____ |
| Treatment of symptomatic patients                     | _____ |
| Prophylaxis of staff/provider family members          | _____ |
| Prophylaxis of community emergency response personnel | _____ |

49. Please indicate whether or not the following items are part of your pharmaceutical inventory:

**Bacterial agents:**

Ciprofloxacin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Gentamicin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Ciprofloxacin (other fluoroquinolones)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Doxycycline	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Penicillin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Chloramphenicol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Chloramphenicol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Azithromycin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Rifampin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Streptomycin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK

**Cyanides:**

Cyanide antidote kits containing amyl nitrite, sodium nitrite, sodium thiosulfate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
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**Lewisite:**

British Anti-Lewisite	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
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**Nerve Agents:**

Atropine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Pralidoxime chloride	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Diazepam (or lorazepam)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK

50. Does your hospital have readily available access to dosage requirements for antidotes and therapies for adult patients who are exposed to biological agents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
--	------------------------------	-----------------------------	-----------------------------

51. Is the necessary drug administering equipment readily available for the on-hand quantities of antidotes and therapies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
--	------------------------------	-----------------------------	-----------------------------

52. Does your hospital have a staff member designated to accept deliveries from the National Pharmaceutical Stockpile in the event of a bioterrorism event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
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## BIOTERRORISM INCIDENT DETECTION AND RECOGNITION

53. Is there a protocol to train members of the hospital's medical staff in bioterrorism incident reporting? ☐ Yes ☐ No ☐ DK
54. Is there a process in place for physicians to consult with the hospital's infection control departments regarding what they are seeing in the offices? ☐ Yes ☐ No ☐ DK
55. Is there continuing medical education ("CME") provided to hospital physicians and their office staff to identify patients potentially exposed to bioterrorism agents? ☐ Yes ☐ No ☐ DK
56. For smaller hospitals without a full-time epidemiologist, are there consultative resources available? ☐ Yes ☐ No ☐ DK
57. Is there frequent surveillance in the emergency room, intensive care, and other patient care units to detect an early recognition of a bioterrorism event? ☐ Yes ☐ No ☐ DK
58. If there is frequent surveillance, is it available 24 hours a day, seven days a week? ☐ Yes ☐ No ☐ DK
59. Is there a clinical syndrome monitoring system for those departments that are likely to be first aware of a bioterrorism event? ☐ Yes ☐ No ☐ DK
60. On an ongoing basis, do you monitor the following:
- |  |  |
|--|--|
| Admission diagnoses  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| Microbiology reports   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| ER admissions  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| Discharge diagnoses  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| Unexplained deaths   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| The medical records of all new patients with unusual infections disease symptoms that go undiagnosed for more than 48 hours                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| The number of patients with septic shock or sepsis   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| The number of patients with influenza-like illnesses that cause respiratory failure  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| The number of patients with rashes that progress to pustular vesicles  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| The number of patients with nonhealing burns   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| The number of patients presenting with nausea  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| The number of patients presenting with fatigue   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| The number of patients presenting with symptoms of productive and or non-productive vomiting, excessive salivation, choking, redness and blisters. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |

61. Are there protocols to determine who will be tested for exposure to a biological or chemical agent? ☐ Yes ☐ No ☐ DK
62. Are there protocols to determine when patients will be tested for exposure? ☐ Yes ☐ No ☐ DK
63. Have treatment protocols been established for the various biological and chemical agents that could be used in a bioterrorism event? ☐ Yes ☐ No ☐ DK

### **MEDICAL TREATMENT PROCEDURES**

64. Does your hospital have specific procedures to receive patients who are exposed to biological agents and require medical care? ☐ Yes ☐ No ☐ DK
65. Does your hospital have a procedure to triage patients to appropriate treatment facilities in the case of a bioterrorism event? ☐ Yes ☐ No ☐ DK
66. In the case of a bioterrorism event, do policies and procedures address patient and situation confidentiality? ☐ Yes ☐ No ☐ DK
67. In the case of a bioterrorism event, are there protocols in place to identify and either discharge or transfer non-critical, stable patients whose attending physicians are temporarily unavailable? ☐ Yes ☐ No ☐ DK

## DECONTAMINATION AND INFECTION CONTROL

68. Does your hospital have an epidemiologist on staff? ☐ Yes ☐ No ☐ DK
69. Does your hospital have a dedicated decontamination area? ☐ Yes ☐ No ☐ DK
70. If your hospital has a dedicated decontamination area, is it:
- ☐ Designed and installed internal facility
  - ☐ Designed and installed external facility
  - ☐ Temporary external facility
  - ☐ Trailer mounted facility
71. Does your decontamination area allow for privacy and modesty? ☐ Yes ☐ No ☐ DK
72. Does your hospital have any of the following dedicated decontamination equipment?
- |                                    |  |
|------------------------------------|--|
| Waste drums and liners             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| Detergents                         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| Sponges                            | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| Radiation meters                   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| Chemical agent detection equipment | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
73. Are there policies and procedures regarding the use of the decontamination area and equipment? ☐ Yes ☐ No ☐ DK
74. Does your hospital have a dedicated decontamination team? ☐ Yes ☐ No ☐ DK
75. If yes, are there specific training procedures and updates for personnel assigned to this function? ☐ Yes ☐ No ☐ DK
76. Are procedures in place to ensure the easy removal of contaminants, regardless of the time of year (e.g., during a snowstorm, summer heat, etc.)? ☐ Yes ☐ No ☐ DK
77. Are there systems in place that will allow the hospital to isolate portions of its heating, ventilation, and air conditioning systems to prevent spreading a contaminant throughout the entire building? ☐ Yes ☐ No ☐ DK

## INFECTION CONTROL AND CONTAINMENT EQUIPMENT

78. Does your hospital have the following respiratory protective equipment available?

- |  |                              |                             |                             |
|--|------------------------------|-----------------------------|-----------------------------|
| N 95 masks (OSHA/NIOSH-approved high efficiency particulate)               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| HEPA masks (OSHA/NIOSH-approved high efficiency particulate)               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Chemical cartridge air purifying respirators                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Powered air purifying respirators (PAPR)                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Supplied air respirators (full mask and air-line from hospital air system) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Self-contained breathing apparatus (with tank and full mask)               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |

79. Does your hospital have any of the following other personal protective equipment?

- |                           |                              |                             |                             |
|---------------------------|------------------------------|-----------------------------|-----------------------------|
| Biohazard suits           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Chemical protective suits | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Neoprene boots            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |

80. Does your hospital have plans to upgrade or buy any of the following equipment that could prove critical in the case of a bioterrorism event?

- |  |                              |                             |                             |
|--|------------------------------|-----------------------------|-----------------------------|
| Better masks to respond to a bioterrorism event  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Biohazard suits  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Respiratory care supplies  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Resuscitation equipment and supplies   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Heating, ventilation and air conditioning filtration systems that won't spread within the hospital | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |

## DIAGNOSTIC CAPABILITIES

81. Are the telephone numbers for the Public Health Department posted in your laboratories? ☐ Yes ☐ No ☐ DK
82. Are the telephone numbers for the Centers for Disease Control and Prevention posted in your laboratories? ☐ Yes ☐ No ☐ DK
83. Is your laboratory staffed 24 hours a day, seven days a week? ☐ Yes ☐ No ☐ DK
84. What is the highest biosafety level (BSL) capability of your laboratory?
- ☐ BSL 1 – Basic level of containment for minimal potential hazards
  - ☐ BSL 2 – Primary containment practices for moderate potential hazards
  - ☐ BSL 3 – Primary and secondary containment practices for potentially lethal agents
85. What percent of laboratory specimens are analyzed in-house? \_\_\_\_\_%
86. What percent of laboratory specimens do contract laboratories analyze? \_\_\_\_\_%
87. Can your laboratory rapidly increase its capacity for handling specimens and testing samples in case of a significant increase in the volume of emergency requests? ☐ Yes ☐ No ☐ DK
88. Is there a negative air pressure room in your laboratory? ☐ Yes ☐ No ☐ DK
89. Does your hospital have procedures/protocols in place for:
- Acquisition of suspect laboratory specimens? ☐ Yes ☐ No ☐ DK
  - Handling of suspect laboratory specimens? ☐ Yes ☐ No ☐ DK
  - Transportation of suspect laboratory specimens? ☐ Yes ☐ No ☐ DK
90. Does your hospital have protocols or procedures stipulating when laboratory results Require immediate review by medical, environmental, or surveillance staff? ☐ Yes ☐ No ☐ DK



91. Are shipping containers available for the transportation of suspect laboratory specimens to agencies such as the FBI and CDC? ☐ Yes ☐ No ☐ DK

92. Does your hospital have access to laboratory facilities capable of isolating the following agents? If yes, please indicate if these laboratories are in house.

Anthrax	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> In House
Brucellosis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> In House
Plague	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> In House
Q fever	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> In House
Tularemia	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> In House
Viral encephalitides	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> In House
Botulinum	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> In House
Staphylococcal enterotoxin B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> In House
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> In House

93. Has your hospital identified alternative laboratories in the event your current laboratories are contaminated/inundated? ☐ Yes ☐ No ☐ DK

## EVIDENCE COLLECTION

94. Are there policies and procedures in place for evidence collection in consultation with the local FBI office? ☐ Yes ☐ No ☐ DK

If yes, does the policy establish lines of authority about who will be responsible for evidence collection? ☐ Yes ☐ No ☐ DK

95. Are forms available to inventory patient belongings and valuables that may be part of evidence? ☐ Yes ☐ No ☐ DK

## TRAINING

96. Has your hospital assessed its workforce and contractors to determine their level of emergency preparedness and response capabilities within the past year? ☐ Yes ☐ No ☐ DK
97. Do staff members receive training in emergency awareness/preparedness during new employee orientation? ☐ Yes ☐ No ☐ DK
98. If yes, does the following staff receive emergency awareness preparedness training?
- |   |                          |     |                          |    |                          |    |
|---|--------------------------|-----|--------------------------|----|--------------------------|----|
| Housekeeping                                    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | DK |
| Security  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | DK |
| Food Service                                    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | DK |
| Clerical  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | DK |
| Pastoral Care                                   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | DK |
| Other Administrative Staff                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | DK |
| Medical Logistics                               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | DK |
| Facilities Staff                                | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | DK |
| Technicians / Ancillary Support                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | DK |
| Physicians                                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | DK |
| Nurses  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | DK |
| Nursing Assistants                              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | DK |
| Nurse Practitioners                             | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | DK |
| Physician Assistants                            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | DK |
| Environmental Health Workers                    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | DK |
| Mental Health / Social Workers                  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | DK |
| Epidemiologists                                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | DK |
| Laboratory Personnel                            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | DK |
| Respiratory Therapists                          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | DK |
| Pharmacists                                     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | DK |
| Emergency Medical Technicians (EMTs)/Paramedics | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | DK |
| Health Administrators/Managers                  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | DK |
| Risk Managers                                   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | DK |
99. Are there, at a minimum, annual refresher training courses? ☐ Yes ☐ No ☐ DK
100. What priority does emergency awareness and preparedness have in your hospital's annual in-service/training budget?
- ☐ Low    ☐ Medium    ☐ High    ☐ DK

101. Does your hospital have a method for assessing emergency preparedness training and continuing education needs based on the roles/responsibilities of staff members? ☐ Yes ☐ No ☐ DK
102. Has your hospital identified internal resources that are capable of providing training in emergency preparedness/awareness? ☐ Yes ☐ No ☐ DK
103. Has your hospital identified external organizations that can provide training in emergency preparedness/awareness? ☐ Yes ☐ No ☐ DK
104. Have all staff received training on selection and use of appropriate Personal Protective Equipment (PPE)? ☐ Yes ☐ No ☐ DK
105. Have staff been trained to provide patient care while wearing full PPE? ☐ Yes ☐ No ☐ DK
106. Have staff received stress management training related to bioterrorism? ☐ Yes ☐ No ☐ DK
107. Does your hospital run periodic decontamination drills? ☐ Yes ☐ No ☐ DK
108. Have direct care staff received education regarding:
- The pathogens that may be used in bioterrorism ☐ Yes ☐ No ☐ DK
  - Patient symptoms related to these pathogens ☐ Yes ☐ No ☐ DK
  - Routes of transmission of these pathogens ☐ Yes ☐ No ☐ DK
109. Does the hospital provide education to health care providers and laboratory workers regarding specific procedures to follow during biological and chemical incidents? ☐ Yes ☐ No ☐ DK
- If yes, do the training topics include:
- Basic education regarding biological and chemical disaster planning ☐ Yes ☐ No ☐ DK
  - How to identify and recognize a bioterrorism event ☐ Yes ☐ No ☐ DK
  - Acquisition of laboratory specimens ☐ Yes ☐ No ☐ DK
  - Handling of laboratory specimens ☐ Yes ☐ No ☐ DK
  - Transportation of laboratory specimens ☐ Yes ☐ No ☐ DK
  - Contract telephone numbers for reporting/consultation ☐ Yes ☐ No ☐ DK
  - Guidelines for immediate reporting/consultation with public health officials ☐ Yes ☐ No ☐ DK
  - Media relations and protocols ☐ Yes ☐ No ☐ DK

- |   |  |
|---|--|
| Medical management of patients  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| Patient decontamination procedures (including those to be used when outside temperatures are extreme) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| Identification of hazardous biological agents   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| Identification of hazardous chemical agents   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| Role of healthcare providers in recognizing/suspecting the beginning of an outbreak                   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
110. Does the hospital provide educational opportunities to the medical staff on specific procedures regarding biological and chemical incidents? ☐ Yes ☐ No ☐ DK
111. Is any of the above training required for the following personnel?
- |                                |  |
|--------------------------------|--|
| Emergency department personnel | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| Health care providers          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| Laboratory workers             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| Morgue personnel               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| Mortuary professionals         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| Pathologists                   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| Security personnel             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
112. Are hospital personnel cross-trained with external organizations who are involved in the city's/region's emergency response system? ☐ Yes ☐ No ☐ DK
113. Do training programs include a description of the civilian incident command system, i.e., familiarization with the procedures of external organizations involved in response actions? ☐ Yes ☐ No ☐ DK
114. In the event of a bioterrorism event, does your hospital have procedures in place to:
- |  |  |
|--|--|
| Ensure adequate staffing is available for 24-hour operation  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| Ensure that an adequate augmentation plan is in place  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| Ensure that staff have family preparedness plans (i.e., where staff family members are safe and accounted for) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| Set aside a location in which family members may stay while the staff member is on shift                       | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |
| Conduct drills and exercises periodically to assess the level of staff preparation                             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK |

## PSYCHIATRIC SERVICES AND CRISIS COUNSELING

115. Do your hospital's training programs include preparation for the emotional and mental health impacts of a terrorist event for the following categories of individuals:
- |                |                              |                             |                             |
|----------------|------------------------------|-----------------------------|-----------------------------|
| Staff          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Medical staff  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Patients       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Family members | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
116. Does your hospital have "rumor control" protocols to prevent public hysteria? ☐ Yes ☐ No ☐ DK
117. Does your hospital have a Critical Incident Stress Debriefing (CISD) Team or CISD capability? ☐ Yes ☐ No ☐ DK
118. Is your hospital prepared to provide:
- |   |                              |                             |                             |
|---|------------------------------|-----------------------------|-----------------------------|
| Counseling to victims' family members                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Anxiety-reducing medications to the worried well        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Anxiety-reducing medications to victims' family members | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Educational materials                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Home care instructions                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Information on quarantine and isolation                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
119. Has your hospital identified alternative providers of counseling in the case of an emergency? ☐ Yes ☐ No ☐ DK

## FINANCING

120. Do you currently have funds budgeted (i.e., in the current fiscal year) for enhancing your hospitals' bioterrorism awareness and preparedness? ☐ Yes ☐ No ☐ DK

If yes, how many dollars have been budgeted? \$ \_\_\_\_\_ ☐ DK

If yes, are there plans to increase this amount in the next fiscal year? ☐ Yes ☐ No ☐ DK

If yes, by how much? \$ \_\_\_\_\_ ☐ DK

121. What priority do the following items have in your bioterrorism awareness and preparedness budget?

**Rank order the following items with 1 being the highest and 7 being the lowest.**

Communications	_____
Disaster Drills	_____
Education	_____
Personal Protection Equipment	_____
Pharmaceuticals and Vaccines	_____
Quarantine and Decontamination	_____
Training	_____

## GLOSSARY

**Biological Agent** – Living organisms or the materials derived from them that cause disease in or harm to humans, animals, or plants, or cause deterioration of material. Biological agents may be dispersed as liquid droplets, aerosols, or dry powders.

**Bioterrorism** – The systematic use of terroristic practices using biological agents as weapons of coercion.

**Chemical Agents** – A chemical substance that is intended for use in military operations to kill, seriously injure, or incapacitate people through its physiological effects. The agent may appear as a vapor, aerosol, or liquid; it can be either a casualty/toxic agent or an incapacitating agent.

**Critical Incident Stress Debriefing**– A Critical Incident Stress Debriefing is a meeting with all of those involved in or affected by the critical incident. This is not a therapy session, but a discussion of the event. During this meeting each person has the opportunity to "debrief" from the incident. This includes telling the story from their own individual perspective, as well as sharing their thoughts and feelings about it. The experience is analyzed symptomatically and information is provided to help deal with the symptoms. In addition a facilitator educates the group about the stages of traumatic events and normal responses to critical incidents. Questions are addressed and a plan of action is developed.

**Emergency Management Plan** – Basic emergency procedures designed to protect lives and property through the effective use of resources.

**Hazard Vulnerability Analysis**– A tool used to determine the probability, risk, and preparedness of an organization to a natural or manmade crisis. The results determine the priorities for organizational focus and resources for emergency planning.

**HEPA** – The HEPA acronym is from "High Efficiency Particulate Air" filter. A HEPA filter is normally defined as a high efficiency filter with pleated glass-fiber filter medium, which has a minimum efficiency of 99.97% to a normally-monodisperse 0.3um test aerosol.

**National Disaster Management (Medical) System** – A cooperative asset-sharing program among Federal government agencies, state and local governments, and the private businesses and civilian volunteers to ensure resources are available to provide medical services following a disaster that overwhelms the local health care resources.

**N 95 Mask (Respirator)** – A particulate respirator designed to reduce potential exposure to blood and other bodily fluids.

**PAPR** – The PAPR acronym is from "Powered Air Purifying Respirator". This respirator has a blower that powers air through a filter that removes the contaminants and supplies the purified air to the user. This mask has a higher protection factor than a negative pressure respirator.

**Personal Protective Equipment** – Devices worn by personnel to protect them from biological, chemical, or physical hazards.



**Radiological Agent** – High-energy alpha or beta particles or gamma rays that are emitted by an atom as the substance undergoes radioactive decay. A radiological incident can be the result of all three types of radiation.

**Regional Trauma Advisory Council** – An organization intended to facilitate the development, implementation and operation of a comprehensive regional trauma care system based on accepted standards of care to decrease morbidity and mortality from traumatic injuries.